



COMPLAINTS FORM

Complainants Details	
Name	
Address	
Telephone Number	

Patient Details (if different from above)	
Name	
Address	
Telephone Number	

Treating Dentist	
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Where the complainant is not the patient:-
<p>I, authorise the complaint set out, to be made on my behalf by, and I agree that the practice may disclose (only so far as is necessary to answer the complaint) confidential information about me which I provide to them.</p>

Patient / Complainant Signature		Date	
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St George's Dental Practice

TEL : 01257 262545

FAX : 01257 261004

19-21 ST GEORGES STREET,
CHORLEY, LANCASHIRE, PR7 2AA



St. George's
Dental Practice

Details of The Complaint

Please include dates of events, persons involved and how you see the matter being resolved.